

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Johnson, Samuel A.

Serial No. 10/771,935

Filed: February 5, 2004

For: DEPLOYABLE AND RETRACTABLE
SPACE FRAME

Examiner: LAUX, JESSICA L

Art Unit: 3635

CERTIFICATE OF FILING

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The undersigned hereby certifies that the enclosed

1. Response to Notice Requiring Excess Claims Fees mailed August 15, 2007;
2. Copy of Notice Requiring Excess Claims Fees;
3. Fee Transmittal for FY 2007;
4. Authorized to Charge Deposit Account; and
5. Certificate of Filing;

relating to the above application, were filed with the United States Patent Office, on this August 22, 2007.

August 22, 2007


Filer

August 22, 2007


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Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

☒ Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT (\$): 100.00

Complete if known

Application Number: 10/771,935
Filing Date: February 5, 2004
First Named Inventor: Johnson, Samuel A.
Examiner Name: LAUX, JESSICA L.
Art Unit: 3635
Attorney Docket No.: 46473.830008.US0

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money ☐ NoneOther (please identify): _____
- ☒ Deposit Account Deposit Account Number: 08-2623 Deposit Account Name: Holland and Hart
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	300	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
8	-20 or HP = 0	X 0	= 0			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	-3 or HP = 1	X 100.00	100.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	50 =	(round up to a whole number) X		

4. OTHER FEES

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature: _____
Name (Print/Type): Mary M. Nicholson

Registration No. (Attorney/Agent): 44,974

Complete (if applicable)

Telephone: 303-295-8034

Date: August 22, 2007

This collection of information is required by 37 CFR 1.134. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 127 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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